

KDHE APPLICATION FOR PRIORITIZATION OF A CONTAMINATED DRYCLEANING SITE

Return completed form to: Kansas Department of Health and Environment – BER Assessment & Restoration Section Curtis Building, 1000 SW Jackson, Suite 410 Topeka, KS 66612-1367	State Use Only Application Number: Date Received: Registration Number:
INSTRUCTIONS	
Please type or print in ink all items except “signature” in Section 6. This form must be completed for each contaminated drycleaning site. ALL BLANKS MUST BE FILLED IN. If an item does not apply, write “NA.”	
1. APPLICANT INFORMATION	2. FACILITY INFORMATION
Applicant Name (Person or Business) Contact Person	Name of Facility Contact Person
Mailing Address	Street Address
City County State Zip	City State Zip
(Area Code) Phone Number Social Security #	(Area Code) Phone Number County
3. LANDOWNER INFORMATION	4. OWNER OF FACILITY
	(If same as Section 1, check here ____.)
Owner Name (Individual, Corporation, etc.) Contact Person	Owner Name or Company Site Identifier, as applicable Contact Person
Street Address	Street Address or County Road, as applicable #
City County State Zip	State Sales Tax Number County
(Area Code) Phone Number	City County State Zip
THIS BOX RESERVED FOR OFFICIAL USE ONLY	(Area Code) Phone Number
	5. LESSEE
	(If same as Section 4, check here ____.)
	Name of Facility Contact Person
	Street Address
	City County State Zip
6. CERTIFICATION (Read and sign after completing applicable Sections on page 2 and any accompanying forms.)	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.	
PRINT Name of Applicant	
Signature of Applicant Date	

Applicant Name (from Sec. 1) _____ Facility Name (from Sec. 2) _____

PLEASE FILL IN ALL APPLICABLE INFORMATION.

7. DESCRIPTION OF DRYCLEANING MACHINES AND FACILITY (Complete for each machine currently at this location.)				
Have drycleaning operations ceased at this location? _____ If yes, what date did operations cease? _____				
Drycleaning machine identification number or arbitrarily assigned sequential number (1,2,3...)	Machine No.	Machine No.	Machine No.	Machine No.
Status of drycleaning machines (mark all that apply)				
Currently in use (Y/N)	_____	_____	_____	_____
Temporarily out of use (MO/YR)	_____	_____	_____	_____
Permanently out of use (MO/YR)	_____	_____	_____	_____
Brought into use before Dec. 9, 1991 (Y/N)	_____	_____	_____	_____
Brought into use after Dec. 9, 1991 (Y/N)	_____	_____	_____	_____
b. Estimated age of machine (in years).				
c. Estimated storage capacity of cleaning solvent per machine (in gallons).				
d. Are machines "permanently out of use" drained of all drycleaning solvents? (Indicate Y or N)				
e. When did drycleaning operations begin at this location? (MO/YR, if known)				
8. SOLVENT USE, DELIVERY, STORAGE AND DISPOSAL				
a. What type of solvents are currently being used? Perc _____ Petroleum Naphtha _____ Other _____ (Specify _____)				
b. What type of solvents have been used in the past? Perc _____ Petroleum Naphtha _____ Other _____ (Specify _____)				
c. Are virgin (new) solvents stored in containers other than the drycleaning machine? YES _____ NO _____				
d. Are chlorinated drycleaning solvents delivered to the facility by means of a closed, direct-coupled delivery system? YES _____ NO _____				
e. Are PCE solvent wastes stored in sealed containers within secondary containment? YES _____ NO _____				
9. ADDITIONAL INFORMATION				
a. Type of previous corrective action initiated (check all that apply):				
_____ NONE				
_____ Site Investigation	_____ Soil Removal	Other Remedial Activities?		
_____ Expanded Site Assessment	_____ Groundwater Treatment	_____		
_____ Remedial Design Plan	_____ Remediation	_____		
b. Dates corrective action conducted: _____				
c. Total costs incurred for work approved by the department: \$ _____				

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

GENERAL INSTRUCTIONS FOR COMPLETING THE APPLICATION AND RELATED FORMS READ BEFORE PROCESSING

APPLICATION FOR PRIORITIZATION OF A CONTAMINATED DRYCLEANING SITE

Pursuant to Drycleaning Regulations K.A.R. 28-68-5 and 28-68-6, and applicant can submit a completed application for ranking of a contaminated drycleaning site to the Kansas Department of Health and Environment (KDHE), KDHE will review the application and related information to determine if the site should be ranked and prioritized for fund expenditure.

- The applicant should complete and sign the application.
- If the applicant is not the real property owner or the lessee, the applicant will provide proof that the real property owner and/or lessee has been notified of the application.
- The applicant will submit the following information with the application:
 1. Analysis of one groundwater sample from a water supply well, monitoring well, hydraulic push probe or other sample method approved by the department that shows a release of drycleaning solvents to the groundwater has occurred. The sample should have been collected and analyzed no more than one year prior to the date of application. A soil sample may be substituted for the groundwater sample if the applicant has received prior approval from the department;
 2. A geologic well log or logs from at least one monitoring or supply well, or hydrogeologic information from the site where the groundwater sample (or approved soil sample) was obtained, if available;
 3. The distances to the nearest private domestic well, municipal well, surface water and other receptors; and
 4. The present use of the groundwater in the area where the sample was collected.
- The information listed above will be used to rank the contaminated drycleaning site with respect to other sites applying to the fund. The applicant may request a written exemption for submittal of certain information listed above. The department may provide exemption if the information is not necessary for ranking or is readily available to the department.
- The reasonable, direct costs (limit \$5,000) incurred by the applicant to collect the information listed above may be credited to payment of the deductible. The department may request invoices or other supporting information for these costs. These documents must contain sufficient detail to show the costs were incurred to collect the information and that these costs were paid.
- KDHE will review the completed application and determine site eligibility within 45 days of receipt of the completed application.
- A written notice of site eligibility will be sent to the applicant after the site is ranked. The notice will state the reason for ineligibility if the site has been determined ineligible.

DEDUCTIBLE PAYMENT

The applicant is responsible for paying a \$5,000 deductible, less the reasonable, direct costs incurred by the applicant to collect the application information. The deductible will be collected from the applicant when site work is initiated (i.e. work plan development).